

# **EXHIBIT**

**"C"**

EEO COUNSELING REPORT - INDIVIDUAL CC  
PART I (Through Initial Interview,  
(Follow separate instructions)

1. Regional Complaints Center Name, Address & Telephone Number	2. EEO Officer Name, Address & Telephone Number	3. EEO Counselor Name, Address & Telephone Number	4. Date Counseling First Sought 6/23/03
Lois Hofmann Treasury Complaint Center 1301 Clay Street, Ste 1020N Oakland, CA 94612 (510) 637-3100	Farha M Rahman 33 New Montgomery, Ste. 1608 San Francisco, CA 94105 (415) 744-1530 ext..233	Farha M Rahman 33 New Montgomery, Ste. 1608 San Francisco, CA 94105 (415) 744-1530 ext. 233	5. Date of First Interview 8/7/03
<p><b>6. Employee or Applicant:</b></p> <p>NAME Raymond E. Ware TITLE/SERIES/GRADE Screening Supervisor HOME ADDRESS P.O. Box 38181 CITY, STATE ZIP CODE Honolulu, HI 96837 WORK TELEPHONE NUMBER 808-779-4298</p>		<p><b>8. Matter Causing Complaint or Issue</b></p> <p><input type="checkbox"/> Appointment      <input type="checkbox"/> Pay      <input type="checkbox"/> Time/Attendance  <input type="checkbox"/> Assign of Duties      <input checked="" type="checkbox"/> Promotion      Training  <input type="checkbox"/> Awards      <input type="checkbox"/> Reassignment      <input type="checkbox"/> Within Grade Incr.</p>	
<p><b>7. Basis or Type of Discrimination:</b></p> <p><input type="checkbox"/> AGE (Date of Birth)      <input checked="" type="checkbox"/> RACE      <input type="checkbox"/> COLOR  <span style="margin-left: 100px;"><u>/</u>    <u>/</u>    <u>African American</u></span></p> <p>MM DD YY</p> <p><input type="checkbox"/> NATIONAL ORIGIN      <input type="checkbox"/> SEX      <input type="checkbox"/> RELIGION</p> <p>HANDICAP:      <input checked="" type="checkbox"/> RETALIATION/REPRISAL for Involvement in Complaints Process</p> <p><input type="checkbox"/> MENTAL      <input type="checkbox"/> PHYSICAL</p>		<p><input type="checkbox"/> Change to Lower Grade      <input type="checkbox"/> Reinstatement      <input type="checkbox"/> Working Conditions  <input type="checkbox"/> Classification      Removal/ Separation      <input type="checkbox"/> Other (Explain)</p> <p>Conversion to Full Time/CC      <input type="checkbox"/> Reprimand</p> <p><input type="checkbox"/> Evaluation/Appraisal      <input type="checkbox"/> Retirement</p> <p><input type="checkbox"/> Exam/Test      <input type="checkbox"/> Sexual Harassment</p> <p><input type="checkbox"/> Harassment      <input type="checkbox"/> Suspension</p> <p><input type="checkbox"/> Overtime      Termination During Probation</p>	
<p><b>9.</b> An EEO Counselor cannot reveal the identity of a person who has come for counseling, except when authorized to do so by the person counseled. Is Complainant willing to have his/her name revealed during the counseling stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If answer is "Yes," Complainant must give permission by signing name in the space following:</p>			
<p><b>10.</b> Organization Where Alleged Discrimination Occurred and Date of Occurrence. Transportation Security Administration (TSA) June 23, 2003</p>		<p><b>11.</b> Give date Complainant became aware of alleged discrimination if substantially different from that shown in 10. Explain.</p>	
<p><b>12.</b> If complaint appears to be untimely, what explanation is offered to explain why Counselor was not contacted within 45 (forty-five) days? N/A</p>			
<p><b>13.</b> Provide a brief description of complaint, summarizing actions which caused counseling to be sought and which complainant believes are discriminatory.</p> <p>Complainant Raymond E. Ware, Screening Supervisor, alleged discrimination due to his race (African American) and reprisal (prior EEO activity), when on June 7, 2003, he was not selected for a screening manager position, in June 2003 he was denied training and not allowed to rotate as other Mobile Screeners, and on July 11, 2003 he was reassigned to Hawaiian Airlines Checkpoint. Mr. Ware believe Sidney Hayakawa, Federal Security, and Ken Kamahale, Assistant Federal Security Director-In Charge of Screening are responsible for the alleged discriminatory action.</p>			
<p><b>14.</b> Remedial Action Desired by Complainant. Promoted to Screening Manager</p>			
<p><b>15.</b> On the same matter, has Complainant filed a grievance under negotiated grievance procedure? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> On the same matter, has Complainant filed a grievance under the Agency grievance system? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If the issue presented constitutes a Mixed-Case Complaint, has Complainant appealed to the Merit Systems Protection Board?</p>			

B  
EXHIBIT "C"  
EXHIBIT "C"  
EXHIBIT "C"